



**CITY OF BATON ROUGE
2019 POOL INSTALLERS APPLICATION**

REQUIRED FEE \$50.00

(PLEASE PRINT THE FOLLOWING INFORMATION)

COMPANY NAME: _____

LICENSE HOLDER: _____

ADDRESS: _____

CITY: _____ **STATE** _____

ZIP CODE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

FAX NUMBER: _____

WORK CERTIFICATE NUMBER _____

SIGNATURE OF LICENSE HOLDER

DPW USE ONLY:

APPROVED BY: _____

DATE: _____

RECEIPT NUMBER: _____